

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AN APPARATUS FOR ANALYSING THE CONDITION OF A MACHINE
Attorney Docket Number::	1501-1260
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	15
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: STEFAN
Middle Name::
Family Name:: LINDBERG
Name Suffix::
City of Residence:: STRANGNAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing SLANBARSSTIGEN 10
Address::
City of Mailing Address:: STRANGNAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-645-43

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: HAKAN
Middle Name::
Family Name:: HEDLUND
Name Suffix::
City of Residence:: STRANGNAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing TRANBARSSTIGEN 15 B
Address::
City of Mailing Address:: STRANGNAS

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-645 43

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JIM
Middle Name::
Family Name:: KUMMELSTAM
Name Suffix::
City of Residence:: STRANGNAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing ELMAVAGEN 11
Address::
City of Mailing Address:: STRANGNAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-645 92

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JARL-OVE
Middle Name::
Family Name:: LINDBERG
Name Suffix::
City of Residence:: STRANGNAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing UTSIKTSVAGEN 32

Address::

City of Mailing Address:: STRANGNAS

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-645 42

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00079	1/20/03
PCT/SE03/00079	An application claiming the benefit under 35 USC 119 (e)	60/384,118	5/31/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0200147-7	1/18/02	Yes
SWEDEN	0200215-2	1/25/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::